

Sarah's House



907-746-9675

202 S. Alaska St.

Support Sponsor Agreement

I _____, have reviewed the Sarah's House Policies and Guidelines. I understand that _____ is a resident at Sarah's House and is working *resident* hard to take her life in a new direction. I support her commitment to complete the program and complete all of her goals and objectives while living at Sarah' House.

I understand that this resident is encouraged to have a Support Sponsor to commit to pay the monthly program fee of \$450 per month, due on or before the 5th or each month. I understand her commitment is for a period of 8-12 months and that I am agreeing to pay the monthly fee while she is in the program or until she has obtained employment and can pay the fee on her own. I understand budgeting is a requirement of the program and that I will be informed when the resident is in the position to pay the program fee in part or in full.

If resident moves in after the 10th of the month, the monthly program fee can be prorated for the first month.

I understand if the resident moves out early or is dismissed from the program that there are no refunds for program fees paid.

Scheduled Move-In Date _____ Actual Move-In Date _____

Resident Name _____

Signature _____ Date _____

Sponsor Name _____

Address _____ Phone _____

Signature _____ Date _____

Connect Palmer Staff _____

Signature _____ Date _____